

# HEALTH CONSULTANT LETTER

***(LETTERHEAD STATIONERY)***

*Facility Name*

*Address*

*City, State Zip*

*Date*

*Health Consultant's Name*

*Address*

*City, State Zip*

Dear \_\_\_\_\_,

We are writing to confirm the arrangements we discussed on \_\_\_\_\_  
(date)  
regarding your agreement to serve as a health consultant for \_\_\_\_\_.  
(name of facility)

In the future we will call you for medical advice regarding the children and staff in our facility.

Attached you will find a copy of our **Emergency Care Plan**. Thank you in advance for your guidance and recommendations.

Sincerely,

*(Signature)*

*(Name of Facility)*